

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLN(S) NO.	

69/806243

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	2					
TOTAL DEP.	32	↔		↔		↔
TOTAL CLAIMS	34	██████████	██████████	██████████	██████████	██████████

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TOTAL IND.				↓				
TOTAL DEP.				↓				
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS